Arizona Medical Board

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FINAL MINUTES FOR TELECONFERENCE OF SUBCOMMITTEE ON PHYSICIAN ASSISTANT SUPERVISION Held at 12:00 p.m. on Thursday, January 11, 2007 9545 E. Doubletree Ranch Road · Scottsdale, Arizona

Subcommittee Members
Robert P. Goldfarb, M.D., F.A.C.S., Chair
Ram R. Krishna, M.D.
Patrick N. Connell, M.D.
Becky Jordan
Paul M. Petelin, Sr., M.D.

CALL TO ORDER
The meeting was called to order at 12:00 p.m.

ROLL CALL
The following Board Members were present: Robert P. Goldfarb, M.D., Ram R. Krishna, M.D., Patrick N. Connell, M.D., Becky Jordan, and Paul M. Petelin, Sr., M.D.

CALL TO PUBLIC
Dr. Brian Tiffany from the Chandler Emergency Medical Group said they employ many physician assistants (PAs) in his group. Dr. Tiffany said the nature of emergency medicine practice produces unique situations where PAs may be working with different physicians at any given time. Dr. Tiffany also said that if the Arizona Medical Board requires the supervising physician to see a patient first before the PA could see a patient, that type of arrangement would not be practical in an emergency care setting.

Dr. McReynolds, Medical Director of Emergency Care at Carondelet St. Mary's Hospital said they rely on the employment of PAs due to the shortage of physicians in the state. Dr. McReynolds said the PAs in their employment are extremely well supervised and their hospital has not had the problems with PA supervision that the Arizona Medical Board has seen in recent cases.

Scott Gorman, M.D. an Internist from Mayo Clinic Hospital said the Mayo Clinic Hospital is the largest employer of PAs in the State of Arizona. Dr. Gorman said, in his hospital, patients are primarily seen by one physician, but there is cross covering of physician supervision of PAs. Dr. Gorman stated the current system in place has been working well and if the Arizona Medical Board made significant unnecessary changes in the structure of the Board's current guidelines of supervision for PAs, it would significantly affect patient care in the Mayo Clinic Hospital system.

Richard Helmers, M.D., a pulmonary physician from Mayo Clinic Hospital said PAs have been critical part of their practice. They are well-supervised in the Mayo Clinic Hospital setting and they enhance patient care within hospital.

Joshua Holland, M.D., a Family Practice Physician and Director of Medimin said his company is able to provide cost-effective care to patients and relieve overcrowding from emergency rooms because of their use of the physician assistants in their practice.

Michael Dunn, M.D. Owner and Medical Director of Urgent Care Express echoed what the previous physicians had said about the practicality of PA supervision in emergent care settings and stated the current system was working well. Dr. Dunn also said they have not had problems with PA supervision in their facilities and the PAs are adequately supervised.

Karen Owens, legal representative for the Arizona Hospital and Healthcare Association (AzHHA) said the current PA supervision practice is safe and is important in providing patients access to medical care. Ms. Owens said the Arizona Medical Board's current statutes can be persuasively interpreted regarding the role of the supervising physician verses the role of the supervising agent in a way that matches the community's current practice. Ms. Owens said the interpretation of the Arizona Medical Board statutes according to the Board's legal counsel would make it impossible for emergency groups to function in conjunction with PAs. Ms. Owens encouraged the Arizona Medical Board to allow the Arizona Regulatory Board of Physician Assistants (ARBoPA) to determine what appropriate supervision of PAs entailed. Ms. Owens questioned if the cases brought to the Board of inappropriate PA supervision were brought before the Board as test cases to obtain the Assistant Attorney General's interpretation of the law. If so, she felt that was inappropriate.

Kari Shmul, PA-C, President Elect from the Arizona State Association of Physician Assistants (ASAPA), said there were many individual PAs present with her at today's meeting to present the message ASAPA wished to bring to the Board. ASAPA conducted research and found that patient safety is not at stake with care provided by physician assistants. Ms. Shmul said that between January 2005 and December 2006 ARBoPA received 18 cases of unprofessional conduct pertaining to PAs and only one of those cases involved inadequate supervision of a Physician Assistant. Ms. Shmul said this shows there is not a problem with how Arizona PAs are being supervised. Ms. Shmul also asked that the Arizona Medical Board delegate their concerns to ARBoPA. Ms. Shmul also requested the Arizona Medical Board hold a formal stakeholder's meeting as she said they have not yet appropriately allowed for stakeholder dialogue with the Board.

NON-TIME SPECIFIC ITEMS

I. Approval of Minutes

MOTION: Becky Jordan moved to approve the December 20, 2006 Meeting Minutes.
SECONDED: Paul M. Petelin, Sr., M.D.
VOTE: 5-yay, 0-nay, 0-abstain, 0-recuse, 0-absent
MOTION PASSED.

II. Physician Assistant Supervision Discussion

Robert P. Goldfarb, M.D. said that at the last Subcommittee meeting they established that a physician does not have to develop a physician patient relationship before the PA can evaluate and treat a patient. He clarified that a PA is not authorized to perform any health care tasks other than those delegated on the Notice of Supervision form and that a supervising physician cannot delegate to a PA any health care tasks the supervising physician does not have training and experience in and does not perform. A PA may not independently perform health care tasks and the supervising physician assumes legal responsibility for the health care tasks the PA performs. Dr. Goldfarb said the Subcommittee now needed to establish how the PA should be supervised by the supervising physician in the emergency department setting and when or how the PA and the supervising physician should communicate.

Paul M. Petelin, Sr., M.D. said that the comments made during the call to the public showed that there are different protocols used to accomplish supervision of PAs within different practices. Dr. Petelin said the Subcommittee should strive for a standard of supervision that could be widely used. Dr. Goldfarb noted the Board has seen cases where the PA has seen a patient several times and the supervising physician's review of the charts have been perfunctory. In these cases the supervising physician did not realize the PA was on the wrong track. Dr. Goldfarb noted that in these cases, the supervising physician would have caught the error if the supervising physician had seen the patient. Ram R. Krishna, M.D. suggested the Subcommittee set a protocol for a physician to see the patients who present for continuing care after three office visits. Dr. Krishna said this would not apply in emergency department or urgent care settings as continuing care problems do not as readily present in that type of setting and because PAs in those settings are supervised constantly.

Patrick N. Connell, M.D. said he agreed with Dr. Krishna's suggestions. Dr. Connell was unable to continue to participate in the meeting after this point due to a technical difficulty.

Becky Jordan asked the Subcommittee to identify the specific problem with PA Supervision that the Subcommittee was attempting to address. She stated that other than questionable billing by a physician for a PA's treatment she was not aware of quality of care issues. Dr. Goldfarb said there had been some recent quality of care issues with PA supervision that the Board had adjudicated and could be discussed further at a later time. Stephen Nunn, PA-C, from ASAPA said Ms. Jordan had a valid point and the Subcommittee was trying to solve a problem that does not exist and also trying to discuss a subject that belonged in the ARBoPA arena. Rick Helmers, M.D. said he understood Dr. Krishna's reasoning that the supervising physician should see a patient after every third time they presented, but he noted there were situations at the hospital where he worked where patients come in every day for a dressing change and such a requirement by the Subcommittee may create some inefficiencies that would not enhance the practice of medicine.

Timothy Miller, J.D., Executive Director said that in many large practices the way the supervising physician and supervising agent oversee physician assistants may be working very well, but current practice is not consistent with the law, especially in terms of the role of the supervising agent. Mr. Miller said the Subcommittee was formed to discuss both the technical and legal aspects on the subject.

Dr. Goldfarb noted that in an emergency department setting, the supervising physician may not be present when the PA is working, so agents are available to act in a supervisory capacity. However, Dr. Goldfarb asked Ms. Cassetta to clarify who is ultimately responsible for the PA if somehow the patient has a devastating outcome or if they could develop a mechanism for signing out responsibility to the agent. Christine Cassetta, Board Legal Advisor said the statute does place responsibility ultimately on the supervising physician and does not allow a mechanism for the supervising physician to transfer that responsibility to a supervising agent and therefore the PA's conduct in a case of a patient with a devastating outcome would still be the responsibility of the supervising physician even if he/she was not on shift. Dr. Krishna said the Subcommittee needed to come up with a solution to the statute as it is not practical for supervising physician to always be available in an emergency department or large office setting. Ms. Jordan opined that a supervising physician can delegate authority, but can never delegate responsibility and therefore the supervising physician is always responsible for the care given by the PA.

Dr. Goldfarb asked the Subcommittee to arrive at a solution for supervising physicians who have to supervise PAs in rural areas. Dr. Goldfarb noted in such situations it is not always possible for supervising physicians to be in close proximity or to travel to the PA's facility regularly. Given the advances in technology there should be an acceptable method for faxing pertinent information such as progress and lab notes, especially for non-routine patient evaluations. Ms. Jordan noted the law states a supervising physician must meet with the PA face to face at least once each week. Dr. Krishna suggested there be a less burdensome way to accomplish the supervision such as

through faxing the medical records or using e-mail or video conferencing. Ms. Cassetta said the PA Board in the last couple of years was presented with a request to make this requirement less burdensome and they rejected the request for meeting with the PA in any other form apart from a face to face meeting. Ms. Cassetta said the PA Board initially interpreted the statute that states the supervising physician and PA must meet "in-person" to mean "face to face". However, Ms. Cassetta said the PA Board can adopt an administrative rule to say what is meant by "in-person" to develop a more up to date interpretation to run in continuity with modern day technology. Dr. Goldfarb said he felt it would be appropriate for a supervising physician to review medical records faxed from a PA when in a rural setting. Dr. Petelin agreed with Dr. Goldfarb. Ms. Cassetta clarified that a once a week face to face meeting was the legal minimum.

Dr. Goldfarb asked Board Staff to draft written clarification of what the law demands to be sent to physicians so they could be reacquainted with the law and also asked Staff to send the Subcommittee's thoughts and suggestions to the PA Board.

Mr. Miller said there was currently a PA Subcommittee addressing the same topic from a PA interaction standpoint and at eventually both the Subcommittee from the PA Board and The AMB Board would come together to harmonize on the subject.

Dr. Goldfarb addressed the issue of continued patient care in the rural setting and stated the Subcommittee felt that the idea of face to face communication could be carried out in different form using current technology. He also clarified that PAs may evaluate and treat patients prior to the patient being seen by the supervising physician. Dr. Petelin suggested asking the PA Board to develop protocols for supervision in rural settings, but Dr. Goldfarb stated that the Arizona Medical Board needed to establish what it required of the supervising physician and harmonize those expectations with the recommendations from the PA Board.

Richard Bittner, legal counsel for the ASAPA and AZCEP requested the Subcommittee establish Rules and not just guidelines, so the issue of supervision would be clear. Mr. Bittner also said he felt the Rules should be set by the PA Board. Dr. Goldfarb explained that the purpose of this Subcommittee was to regulate the physicians who would be supervising the PAs. Mr. Miller explained that the Arizona Medical Board would not be writing any PA rules and Ms. Cassetta explained that this Subcommittee's recommendations will be sent to PA Board for consideration during their Rule making process.

Ms. Shmul asked the Subcommittee to hold release of their interpretation of the current laws to the public until full research is done and more input is obtained from stakeholders. Ms. Owens asked the Subcommittee to wait to release their interpretation of the Rules until after the subcommittee's recommendations have gone to the PA Board and the harmonization between the two Subcommittees occurs.

In closing Dr. Goldfarb asked the Subcommittee if they had any recommendations as to the type of interaction the PA and supervising physician should have prior to their weekly meetings. Dr. Petelin and Dr. Krishna agreed the supervising physician should see a patient after he or she presents three times. Dr. Petelin noted Dr. Helmers' concern of the example of patients who come daily for dressing changes. However, Dr. Petelin said requiring a supervising physician to see a patient at every third visit was not excessive as he would like to examine a patient's wound every third time if he had performed a surgery on the patient.

The meeting was adjourned at 1:09 p.m.

Timothy C. Miller, J.D., Executive Director